

# Public Health – Madison and Dane County

## Tips for getting a breastpump...

### When you have Medical Assistance, Healthy Start or Badger Care

**THE COST OF BREAST PUMPS MAY BE COVERED** (except for a \$3 co-pay) for most mothers enrolled in Medical Assistance, Healthy Start and Badger Care, **IF:**

- You are a breastfeeding mother and your doctor or breastfeeding consultant believes a pump will help you get started breastfeeding.
- You will be separated from your baby, such as being hospitalized or going back to work/school.  
(If you had a pump previously, keep the manual pump, electric pump, or attachment kit for future use. Medical Assistance may not pay for another pump.)

### **PUMP CHOICES** (talk with your medical provider about which of these are available for you)

- Manual pump
- Bilateral (both breasts at the same time) personal electric pump
- 60 days rental of a bilateral electric pump (Talk to your doctor if the rental time needs to be extended.)

### **WHICH PUMP IS BEST?**

If you need help deciding which pump may work best for you, call your hospital lactation consultant.

### **STEPS TO SUCCESS IN GETTING A PUMP FROM MEDICAL ASSISTANCE**

<b>If your HMO is:</b>	<b>STEP 1</b>	<b>STEP 2</b>	<b>STEP 3</b>	<b>STEP 4</b>
<b>DEAN</b>	Ask your baby's physician to fill out the order form on the back of this page.	Ask the clinic to FAX the order form to HOME HEALTH UNITED FAX# 276-3425	Call HOME HEALTH UNITED 276-3420 to arrange a time to get pump	Go to HOME HEALTH UNITED at 4639 Hammersley Road to pick up pump.
<b>GROUP HEALTH</b>	Call 661-7200 to make an appointment with Joan Young, NP	Keep your appointment with Joan Young, NP		
<b>UNITY</b>	Ask your baby's physician to fill out the order form on the back of this page.	Ask the clinic to FAX the order form to Meriter Home Health FAX# 417-3767	Call Meriter Home Health 417-3700 ext.2 to arrange time to pick up pump(Hours: 8-5pm M-F, Sat 9-3.)	Go to Meriter Home Health 2180 West Beltline Hwy Madison, WI 53713 to pick up pump
<b>PHYSICIAN PLUS</b>	Baby's physician to fill out the order form on the back of this page.	Ask the clinic to FAX the order form to Meriter Home Health FAX# 417-3767	Call Meriter Home Health 417-3700 ext.2 to arrange time to pick up pump(Hours: 8-5pm M-F, Sat 9-3.)	Go to Meriter Home Health 2180 West Beltline Hwy Madison, WI 53713 to pick up pump
<b>ALL Other HMOs or Insurance</b>	Must discuss need with baby's physician, then check with your insurance for procedure			

**If your physician has questions about this, show them this information sheet or they can call their equipment provider at the number above.**

### **HAVE WIC AND STILL NEED A PUMP AFTER RETURNING THE M.A. RENTAL PUMP?**

WIC may provide you with a pump if you still need one after returning the rental pump.

### **IF YOU NEED HELP IN LEARNING HOW TO USE YOUR PUMP**

- Call a lactation consultant at your clinic or hospital and ask for an appointment to get this help (Meriter phone 267-6547; St. Mary's phone 258-6474)
- Call the Public Health Breastfeeding Information Line at (608)243-0449.

## Public Health – Madison and Dane County

Medical Provider: Please complete this form and FAX to HMO Durable Medical Equipment provider.

<b>HMO:</b>	DEAN	Group Health	Unity/Physician Plus	All Other Providers
<b>FAX Number:</b>	276-3425	Contact Joan Young 661-7201	Meriter Home Health 417-3767	<b>✓ with provider</b>

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**  
Division of Health Care Access and Accountability  
F 1153 (02/09)

**STATE OF WISCONSIN**

### FORWARD HEALTH BREAST PUMP ORDER

Forward Health requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible members.

Members of Forward Health are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about applicants and members is confidential and is used for purposes directly related to Forward Health administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

**INSTRUCTIONS**

Type or print clearly. This form is to be completed by the physician, given to the provider of the breast pump, and kept in the member's medical record as required under DHS 106.02(9), Wis. Admin. Code. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

1. Date of Order
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2. Name — Recipient (Mother)	3. Address — Recipient
4. Date of Birth — Infant	5. Recipient Medicaid Identification Number

**6. Clinical Guidelines**

All of the following must apply as a condition for coverage. By checking the boxes, the physician verifies that all conditions are met.

- Physician ordered or recommended breast milk for infant.
- Potential exists for adequate milk production.
- Member plans to breast-feed long term.
- Member is capable of being trained to use the breast pump.
- Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult, or there is difficulty with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

**7. Type of Pump**

The physician orders or recommends the following breast pump for use by the member:

- Breast pump, manual, any type.
- Breast pump, electric (AC and / or DC), any type.
- Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction / release cycles, vacuum regulator, supplies transformer, electric (AC and / or DC).

8. Name — Physician (Type or Print)	9. Address — Physician
<b>10. SIGNATURE</b> — Physician	
11. Date Signed	